

STATE: MINNESOTA
Effective: January 1, 1994
TN: 94-07
Approved: **JUN 29 1994**
Supersedes: 92-15

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6.d. Other practitioners' services. (continued.)

- D. **Certified registered nurse anesthetist (CRNA) services** may be provided by a registered nurse who is certified by the Council on Certification of the American Association of Nurse Anesthetists, or certified by the Council on the Recertification of Nurse Anesthetists of the American Association of Nurse Anesthetists, or who has graduated within the past 18 months from a nurse anesthesia program that meets the standards of the Council on Accreditation of Nurse Anesthesia Educational Programs and is awaiting initial certification.

Coverage is limited to the following:

- (1) services provided by a CRNA who is:
 - (a) practicing independently; or
 - (b) if not practicing independently, services that are not reimbursed as a part of the inpatient hospital's base rate under Attachment 4.19-A and for which the hospital has notified the Department by July 1, 1991, of their intent to exclude CRNA services from their charges; or
 - (c) practicing under the medical direction of an anesthesiologist.
- (2) time elapsed from the preparation of the patient for induction to the time when the CRNA is no longer in attendance.

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Effective: July 1, 1999

TN: 99-11

Approved: April 6, 2000

Supersedes: 97-07

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6.d. Other practitioners' services. (continued.)

E. **Nurse practitioner services** are limited to:

- (1) Services performed by an adult nurse practitioner, obstetrical/gynecological nurse practitioner, neonatal nurse practitioner, or geriatric nurse practitioner certified by the appropriate certification entity and provided within the scope of practice of the nurse practitioner's license as a registered nurse; and
- (2) The types of services covered by Medical Assistance as physicians' services under item 5.a. and which are within the scope of the nurse practitioner's license as a registered nurse.

Nurse practitioners who administer pediatric vaccines as noted in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

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Effective: January 1, 1994
TN: 94-07
Approved: **JUN 29 1994**
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6.d. Other practitioners' services. (continued.)

F. Coverage of **Phlebotomy and Case Management Services** provided as a component of the Clozaril Patient Monitoring System is limited to:

- (1) Venipuncture, which may be provided by any outpatient hospital, laboratory, or physician that meets the applicable provider requirements under Item 2.a., Outpatient hospital services, Item 3, Other laboratory and x-ray services, or Item 5.a., Physicians' services.
- (2) Patient monitoring services, which may be provided by any outpatient hospital, physician, clinic, or pharmacy that:
 - a. meets the applicable provider requirements under Item 2.a., Outpatient hospital services, Item 3, Other laboratory and x-ray services, Item 5.a., Physicians' services, or Item 12.a., Prescribed drugs; and
 - b. is registered with Sandoz Pharmaceuticals Corporation as an entity eligible to participate in the Clozaril Patient Monitoring System.

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Effective: April 1, 1997
TN: 97-07
Approved: **JUL 03 1997**
Supersedes: 96-22

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7. Home health services.

- Covered home health services are those provided by a Medicare certified home health agency which are:
(a) medically necessary health services; (b) ordered by a physician; (c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and (d) provided to the recipient at his or her own place of residence that is a place other than a hospital, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), or licensed health care facility unless skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/MR in order to prevent an admission to a hospital or nursing facility and is not required to be provided by the facility under 42 CFR, part 483, subpart I.
- Department prior authorization is required for home health aide visits or skilled nurse visits, unless the professional nurse determines an immediate need for up to 40 home health aide visits or skilled nurse visits per calendar year and submits a request for authorization within 20 working days of the initial service date, and medical assistance is the appropriate payer.

Department prior authorization is based on medical necessity; physician's orders; the recipient's needs, diagnosis, condition; the plan of care; and cost-effectiveness when compared with other care options.

- The following home health services are not covered under medical assistance:
 - a) home health services that are the responsibility of the foster care provider;
 - b) home health services when the number of foster care residents is greater than four;

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7. Home health services. (continued)

- c) home health services when combined with private duty nursing services, personal care services, and foster care payments, less the base rate, that exceed the total amount that public funds would pay for the recipient's care in a medical institution. This is a utilization control limitation conducted on a case-by-case basis in order to provide the recipient with the most cost-effective, medically appropriate services;
 - d) services to other members of the recipient's household;
 - e) any home care service included in the daily rate of the community-based residential facility in which the recipient resides;
 - f) nursing and rehabilitation therapy services that are reasonably accessible to a recipient outside their place of residence, excluding the assessment, counseling and education, and personal care. However, home-bound recipients are not required to receive such services outside their home; and
 - g) any home health agency service, excluding personal care assistant services and private duty nursing services, which are performed in a place other than the recipient's residence.
- Home health agencies that administer ~~the~~ pediatric vaccines ~~listed as noted~~ in item 5.a., Physician's services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.

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Approved: JUL 03 1997
Supersedes: 96-22

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7.a. Intermittent or part-time nursing service provided by a home health agency, or by a registered nurse when no home health agency exists in the area.

- Covered intermittent or part-time nursing services are those provided by a Medicare-certified home health agency which are:
 - a) medically necessary;
 - b) ordered by a physician;
 - c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and
 - d) provided to the recipient at the recipient's own place of residence that is a place other than a hospital, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), or licensed health care facility unless skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/MR in order to prevent an admission to a hospital or nursing facility and is not required to be provided by the facility under 42 CFR §483, subpart I.
- Homemaker services, social services, educational services, and services not prescribed by the physician are not paid by medical assistance.
- Home health agencies or registered nurses that administer ~~the~~ pediatric vaccines listed as noted in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.
- Nurse visits are covered by medical assistance. The visits are provided in a recipient's residence under a plan of care or service plan that specifies a level of care which the nurse is qualified to provide. These services are:
 - a) nursing services according to the written plan of care or service plan and accepted standards of medical and nursing practice in accordance with State laws governing nursing licensure;

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Effective: April 1, 1997
TN: 97-07
Approved: **JUL 03 1997**
Supersedes: 96-22

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7.a. Intermittent or part-time nursing service provided by a home health agency, or by a registered nurse when no home health agency exists in the area. (continued)

- b) services which, due to the recipient's medical condition, may only be safely and effectively provided by a registered nurse or a licensed practical nurse;
 - c) assessments performed only by a registered nurse; and
 - d) teaching and training the recipient, the recipient's family, or other caregivers requiring the skills of a registered nurse or licensed practical nurse.
- The following services are not covered under medical assistance as intermittent or part-time nursing services:
 - a) nurse visits for the sole purpose of supervision of the home health aide;
 - b) a nursing visit that is:
 - i) only for the purpose of monitoring medication compliance with an established medication program; or
 - ii) to administer or assist with medication administration, including injections, prefilling syringes for injections, or oral medication set-up of an adult recipient, when as determined and documented by the registered nurse, the need can be met by an available pharmacy or the recipient is physically and mentally able to self-administer or prefill a medication;
 - c) a visit made by a nurse solely to train other home health agency workers;
 - d) nursing services that are reasonably accessible to a recipient outside their place of residence, excluding the assessment, counseling and education, and personal care; and

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Approved: JUL 03 1997
Supersedes: 96-22

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7.a. Intermittent or part-time nursing service provided by a home health agency, or by a registered nurse when no home health agency exists in the area. (continued)

- e) Medicare evaluation or administrative nursing visits for dually eligible recipients that do not qualify for Medicare visit billing.

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Effective: April 1, 1997
TN: 97-07
Approved: AUL 03 1997
Supersedes: 95-28

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7.b. Home health aide services provided by a home health agency.

- Covered home health aide services are those provided by a Medicare-certified home health agency which are:
 - (i) medically necessary;
 - (ii) ordered by a physician;
 - (iii) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and
 - (iv) provided to the recipient at the recipient's own place of residence that is a place other than a hospital, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), or licensed health care facility.
- Home health aide services must be provided under the direction of a registered nurse.
- Home health aide services must be employees of a home health agency and be approved by the registered nurse to perform medically oriented tasks written in the plan of care.
- Homemaker services, social services, educational services, and services not prescribed by the physician are not paid by medical assistance.
- ~~Home health agencies that administer the pediatric vaccines listed in item 5.a., Physicians' services within the scope of their licensure must enroll in the Vaccines for Children Program.~~

STATE: MINNESOTA

Effective: November 10, 1997

TN: 97-38

Approved: **MAR 23 1998**

Supersedes: 97-16

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7.c. Medical supplies, equipment and appliances suitable for use in the home.

- Covered medical supplies, equipment and appliance suitable for use in the home are those which are: (a) medically necessary; (b) ordered by a physician; (c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once ~~every 60 days~~ a year; and (d) provided to the recipient as the recipient's own place of residence that is a place other than a hospital, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), or licensed health care facility.
- Medical supplies and equipment ordered in writing by a physician are paid with the following limitations:
 - 1) A purchase of nondurable medical supplies not requiring prior authorization must not exceed an amount necessary to provide a one-month supply.
 - 2) Maintenance or service made at routine intervals based on hours of use or calendar days to ensure that equipment in proper working order is reimbursable.
 - 3) The cost of a repair to durable medical equipment that is rented or purchased by the Medical Assistance program under a warranty is not eligible for medical assistance payment if the repair is covered by the warranty.
 - 4) In the case of rental equipment, the sum of rental payments during the projected period of the recipient's use must not exceed the purchase price allowed by medical assistance unless the sum of the projected rental payments in excess of the purchase price receives prior authorization. All rental payments must apply to purchase of the equipment.